10/26/2006 23:43

Image# 26950729584

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines **PlastyPAC** 444 E. Algonquin ADDRESS (number and street) Check if different than previously Arlington Heights IL 60005 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00249342 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) Х (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 07 2006 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2006 10 2006 18 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William Seward Type or Print Name of Treasurer Electronically Filed by William Seward 10 26 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26950729585

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
٧	rite or Type Committee Name PlastyPAC		
F		M M M D D D Y Y W Y Y 1 0 1 0 1 2 0 0 6	To: 0 18 2006
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2006		92291.86
	(b) Cash on Hand at Begining of Reporting Period	85704.86	
	(c) Total Receipts (from Line 19)	11525.00	154438.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97229.86	246729.86
7.	Total Disbursements (from Line 31)	47000.00	196500.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	50229.86	50229.86
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name PlastyPAC

Report Covering the Period:

From:

м м 1 0 D 0 1

2006

-o·

1 0

^D 18

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	9650.00	130183.00
	(ii) Unitemized	1875.00	24255.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	11525.00	154438.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11525.00	154438.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11525.00	154438.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	11525.00	154438.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	47000.00	196500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Ī		
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47000.00	196500.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	47000.00	196500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	11525.00	154438.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11525.00	154438.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 20 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PlastyPAC			
Full Name (Last, First, Middle Initial) Dr. John Canady Mailing Address 200 Hawkins Dr. City Iowa City FEC ID number of contributing federal political committee.	State IA	Zip Code 52242	Date of Receipt M M
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio PHysicia Aggregate		
Full Name (Last, First, Middle Initial) Dr. David Chiu Mailing Address 900 Park Ave.			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.5222
New York	NY	10021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)			Date of Descript
Dr. John Gatti Mailing Address 409 S. Kings Highway	,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.5271
Cherry Hill	NJ	08034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		······	2000.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC F	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/20
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such or for commercial purposes, other	n Reports and Statements may r than using the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In I	Full)		
PlastyPAC			
Full Name (Last, First, Middle Dr. Lloyd Gayle	Initial)		Date of Receipt
Mailing Address 50 East 6	9th St., 4th floor		10 13 7 9 9 9
City	State	Zip Code	Transaction ID: SA11A1.5233
New York	NY	10021	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		150.00
Name of Employer Self	Occupation Physician		
Receipt For:		e Year-to-Date ▼	
Primary Gener Other (specify) ▼	ral	400.00	
Full Name (Last, First, Middle Dr. Peter Giacobazzi	Initial)		Date of Receipt
Mailing Address 433 North	Camden Dr., Ste. 1170		10 15 2006
City	State	Zip Code	Transaction ID: SA11A1.5284
Beverly Hills	CA	90210	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		300.00
Name of Employer Self	Occupation Physician		
Receipt For:		· Year-to-Date ▼	
Primary Gener	ral 33 3	000.00	1
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Dr. Sharon Giese	Initial)		Date of Receipt
Mailing Address 114 E. 61	st St.		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.5252
New York	NY	10021	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		250.00
Name of Employer Self	Occupation Physician		
Receipt For:		e Year-to-Date ▼	
Primary Gener Other (specify) ▼	a	250.00	
SUBTOTAL of Receipts This P	age (optional)		700.00
TOTAL This Period (last page t	his line number only)		
		· · · · · · · · · · · · · · · · · · ·	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		AGE 8/20
ITEMIZED RECEIPTS 0			or each category of the	(check only one)	. 🗆 40
• •			Detailed Summary Page	X 11a 11b 11c	→ -
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso		
or		ame and add	dress of any political committee to	solicit contributions from such	committee.
\rangle	NAME OF COMMITTEE (In Full) PlastyPAC				
۹.	Full Name (Last, First, Middle Initial) Dr. Roger Gordon			Date of Receipt	
	Mailing Address 4300 N. Universtiy Dr., S		7:01	10 08	2006
	City Lauderhill	State FL	Zip Code 33351	Transaction ID: SA11A	
			33331	Amount of Each Receipt	1 1 1
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
 3.	Full Name (Last, First, Middle Initial) Dr. T. Tayf Jeneby			Date of Receipt	
	Mailing Address 215 E. Quincy			10 / 13 /	2006
	City	State	Zip Code	Transaction ID: SA11A	1.5254
	San Antonio	TX	78215	Amount of Each Receipt	this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer Self	Occupation		7	
	Receipt For:	PHysicia Aggregate	n e Year-to-Date ▼	_	
	Primary General	Aggregate			
	Other (specify) ▼		350.00		
).	Full Name (Last, First, Middle Initial) Dr. Roderick Jordan			Date of Receipt	
	Mailing Address 2500 Metrohealth Dr.			10 / 08	2006
	City	State	Zip Code	Transaction ID: SA11A	
	Clevland	ОН	44109	Amount of Each Receipt	this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Physician		7	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1100.00
			·		
T	OTAL This Period (last page this line number or	nly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 20		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	17
Δr	y information copied from such Reports and St	atomonte may	y not be cold or used by any perso		1
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	PlastyPAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Kanosky			Date of Receipt	
	Mailing Address 2550 Flowood Dr.	Ctata	7'o Oodo	10 12 2006	
	City Flowood	State MS	Zip Code 39232	Transaction ID: SA11A1.5248	
		IVIO	39232	Amount of Each Receipt this Period	7
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Dr. E. Dwayne Lett			Date of Receipt	
	Mailing Address 1417 W. Baddour Park	way		10 13 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5269	
	Lebanon	TX	37087	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Self	Occupation	1	7	
	Seir	Physiciar	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Paul Loverme			Date of Receipt	
	Mailing Address 825 Bloomfield Ave.			10 13 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5288	
	Verona	NJ	07044	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self	Occupation PHysicial			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			1050.00	
\vdash			•		1
т	OTAL This Period (last page this line number of	only)	>		J

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 10/20
ITEMIZED RECEIPTS			or each category of the	(check only one)] 44. 🗆 42
• •			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso		
or		ame and add	dress of any political committee to	solicit contributions from s	such committee.
\rangle	NAME OF COMMITTEE (In Full) PlastyPAC				
۹.	Full Name (Last, First, Middle Initial) Dr. Patrick Maxwell			Date of Receipt	
	Mailing Address 2021 Church, Ste. 310			M M / D D D 12	2006
	City	State	Zip Code	Transaction ID: SA	
	Nashville	TN	37203	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Dr. John McGill			Date of Receipt	
	Mailing Address 436A State St.			1 0 / D D D D D D D D D D D D D D D D D D	2006
	City	State	Zip Code	Transaction ID: SA	11A1.5264
	Bangor	ME	04401	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Self	Occupation			
	Receipt For:	Physiciar Aggregate	e Year-to-Date ▼	_	
	Primary General	7.99.094.0		1	
	Other (specify) ▼	0 0	500.00		
).	Full Name (Last, First, Middle Initial) Dr. Martin Morse			Date of Receipt	
	Mailing Address 1805 Fawncrest			1 0 D D 1 1	2006
	City	State	Zip Code	Transaction ID: SA	
	Viena	VA	22182	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Self	Occupation PHysicia			
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1500.00
Ţ.	OTAL This Period (last nego this line number on	alv)			
	OTAL This Period (last page this line number or	п у)	······································		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 20 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) PlastyPAC			
A .	Full Name (Last, First, Middle Initial) Dr Robert Murphy Mailing Address 110 Windermere City Blue Bell FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Murray Mailing Address 7004 North Clayton City Peoria FEC ID number of contributing federal political committee.	State PA C Occupation PHysician Aggregate State IL C		Date of Receipt M
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation PHysician Aggregate		
Э.	Full Name (Last, First, Middle Initial) Dr. Jay Orringer Mailing Address 9675 Brighton Way City Beverly Hills FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number o	nlv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 20	
•			or each category of the	(check only one)	
			Detailed Summary Page	X 11a	7
An	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	not be sold or used by any perso		
		ame and add	dress of any political committee to	solicit contributions from such committee.	_
\rangle	NAME OF COMMITTEE (In Full) PlastyPAC				
۹.	Full Name (Last, First, Middle Initial) Dr. George Peltier			Date of Receipt	_
	Mailing Address 6545 France Ave. South		7: 0 :	10 13 2006	
	City Edina	State MN	Zip Code 55435	Transaction ID: SA11A1.5281 Amount of Each Receipt this Period	
	FEC ID number of contributing		30700		1
	federal political committee.	C		500.00	
	Name of Employer Self	Occupation Physician	า		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
	Full Name (Last, First, Middle Initial) Dr. Christian Prada			Date of Receipt	
	Mailing Address 79 Wildwood Ln.			10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.5250	
	St. Louis	MO	63122	Amount of Each Receipt this Period	,
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self	Occupation			
	Receipt For:	Physiciar Aggregate	n e Year-to-Date ▼	\dashv	
	Primary General Other (specify) ▼	, iggi cgale	250.00		
	Cario (openia) 🔻	0 0		1	
	Full Name (Last, First, Middle Initial) Dr. Ramon Angel Robles			Date of Receipt	
	Mailing Address 5750 W. Thunderbird Ro	d.		10 15 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5234	
	Glenview	AZ	85306	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
sı	JBTOTAL of Receipts This Page (optional)			1250.00	
TC	OTAL This Period (last page this line number or	ıly))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 20
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	PlastyPAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Vishnu Rumalla			Date of Receipt
	Mailing Address 1319 Briar Ridge Dr.			10 D D / Y Y Y Y Y Y 1 1 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.5290
	Keller	TX	76248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupation Physician		7
	Receipt For:		e Year-to-Date ▼	7
	Primary General		00000	7
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Gary Smotrich			Date of Receipt
	Mailing Address 3131 Princeton Pike			10 12 2006
	City	State	Zip Code	Transaction ID: SA11A1.5260
	Lawrenceville	NJ	08648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	Self	Physicia	า	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven Teitelbaum			Date of Receipt
	Mailing Address 1301 Twentieth St., Ste.	350		10 14 2006
	City	State	Zip Code	Transaction ID: SA11A1.5246
	Santa Monica	CA	90404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation PHysicia		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)		500.00	1
5	UBTOTAL of Receipts This Page (optional)		h	1050.00
F				9650.00
1 —				3030.00

TOTAL This Period (last page this line number only)

TEMPER DISPURSEMENTS	Use seperate schedule(s)		(check only		n.		[P/	4GE	14/2	:0	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		1b 7	22 28a	Х	23 28b	24 28c	P	25 29	П	26 30b
Any Information copied from such Reports and Statem										S	
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political co	mmittee	to so	DIICIT CONTI	ributi	ons tro	m sucn	comr	nittee		
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Full Name (Last, First, Middle Initial) ANDREWS FOR CONGRESS COMMITTE							SB23.5	311			
ANDREWS FOR CONGRESS COMMITTE	:E			M	of Di	sburse		ΥΥ	Y	Υ	
Mailing Address 215 Fourth Avenue SUITE 200				1 0		1	7 /	2	0 Ď 6		
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Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS						on ID: sburse	SB23.5	319			
Mailing Address 555 Capitol Mall Suite 14	25			1 ^M 0	M /	^D 1	7 /	ž	0 0 6	Y	
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NAME OF COMMITTEE (In Full) PlastyPAC	are desired or ary pointed						
Full Name (Last, First, Middle Initial) A. BILIRAKIS, GUS MICHAEL Mailing Address 4500 BARTELT BOAR				ion ID: SE Disbursement	ent	006	Y
Mailing Address 4538 BARTELT ROAD				_			
	State Zip Code FL 34690		Amount o	of Each Dis	sbursemen	t this Pe	eriod
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Candidate Name		Category/ Type					
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Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS	COMMITTEE		Date of D	ion ID: SE	ent		_
Mailing Address 98 East Avenue Rear Buil 98 East Avenue Rear Buil	ding ding		10	¹ 17	7 2 2	0 0 6	Y
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Mailing Address PO BOX 308			10	¹ 17	/	0 0 6	
•	State Zip Code FL 34489		Amount o	of Each Dis	sbursemen	t this Pe	eriod
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Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLD	EN		Date of D			3 2 0 0 6	Y
Mailing Address 18 N. SECOND STREET PO BOX 37			1 0	-			
	State Zip Code PA 17970		Amount o	of Each Di	isburseme		
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Mailing Address 555 Capitol Mall Suite 14	25		10	17	/ Y	ž 0 ŏ 6	Y
Sacramento	State Zip Code CA 95814		Amount o	of Each Di	isburseme	nt this P	
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FRIENDS OF GEORGE ALLEN			Date of D			Y Y	Υ
Mailing Address PO BOX 6859			1 0	17		ž 0 ŏ 6	
•	State Zip Code VA 22206		Amount o	of Each Di	isburseme		
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Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Mailing Address P.O. Box 101124				ion ID: SE isburseme		006		
,	State Zip Code		Amount o	f Each Dis	sbursemen	t this Pe	eriod	
	IL 60610					2500.00)	
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Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS				isburseme	ent			
Mailing Address 49 EAST 92ND STREET			10	17	/ Y Ž	0 0 6		
,	State Zip Code NY 10128		Amount o	f Each Dis	sbursemen	t this Pe	-	
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Full Name (Last, First, Middle Initial) MCCRERY FOR CONGRESS COMMITTE	E		Date of D	isburseme	323.5305 ent			
Mailing Address Post Office Box 52956 333 Texas Street Suite 19	900		10	17	/ Y Ž	0 0 6		
City	State Zip Code LA 71135		Amount o	f Each Dis	sbursemen		-	
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Full Name (Last, First, Middle Initial)							SB23.5	5317			
MIKE THOMPSON FOR CONGRESS				_	ate of	Disburs		Y Y	Y	Υ	
Mailing Address 5429 Madison Avenue					0	1	7 /	. 2	0 Ď 6		
City Sacramento	State Zip Code CA 95841			Ar	nount	of Each	Disburse	emer	t this F	erioc	1
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Full Name (Last, First, Middle Initial) MURTHA FOR CONGRESS COMMITTE	E					tion ID: Disburs	: SB23.5	5315			
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Mailing Address Suite 220 551 Main Stre BT FINANCIAL PLAZA	SUITE 220										
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Mailing Address P.O. Box 340917					0 "	1	7 /	2	0 Ď 6		
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Full Name (Last, First, Middle Initial) PRYCE FOR CONGRESS Mailing Address 145 E. Rich Street			Transacti Date of D			006	Y
	Ctata Zin Codo		A	f Fach Di		a alete D	
City Columbus	State Zip Code OH 43215		Amount o	T Each Di	sbursemer		
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Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS			Transacti Date of D	isburseme	B23.5309 ent)	
Mailing Address PO Box 5577 MANHATTANVILLE STA			1 ^M 0 M	17	/ Y 2	0 0 6	Y
City New York	State Zip Code NY 10027		Amount o	f Each Di	sbursemer	nt this Pe	
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Full Name (Last, First, Middle Initial) SUE KELLY FOR CONGRESS			Date of D	isburseme)	
Mailing Address PO Box 599			10	¹ 1 7	7 2	0 0 6	Y
City Katonah	State Zip Code NY 10536		Amount o	f Each Di	sbursemer	nt this Pe	eriod
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or t	for commercial purposes, other than using	g the name and address	of any political	committee to so	licit contributions from	such committee				
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	Full Name (Last, First, Middle Initial)				Transaction ID: SE	323.5308				
Α.	TEXANS FOR HENRY BONILLA				Date of Disburseme	ent				
	Mailing Address P.O. Box 17292				10 17	2006	3 Y			
	Mailing Address P.O. Box 17292									
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	San Antonio	TX	78217			• • • •	-			
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	Mailing Address P. O. Box 48928				10 17	Ž O Ď G	3			
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	City Sarasota		Zip Code 34230		Amount of Each Dis	bursement this I	Period			
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